

CENTRAL SLEEP APNEA

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. Central Sleep Apnea</p> <p>Noted on sleep study results ONLY</p>	<p>If the AME can determine:</p> <ul style="list-style-type: none"> • The condition is NOT central sleep apnea; • The sleep study apnea/hypopnea indices show: <ul style="list-style-type: none"> ○ Less than 2 Central Apneas and/or Central Hypopnea episodes per hour occur <p>AND</p> ○ Less than 25% of total apnea and hypopnea episodes are listed as central; • The individual takes no medication for this condition; <p>and</p> • Individual has NO symptoms that would interfere with flight duties:	<p>ISSUE</p> <p>Use the standard OSA protocol.</p> <p>Annotate Block 60 and submit the evaluation to the FAA for retention in the pilot's file.</p>
<p>B. Central Sleep Apnea Diagnosis</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed Clinical Progress Note generated from a clinic visit with the treating neurologist or sleep specialist no more than 90 days before the AME exam. It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. It must specifically include: 	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p>

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	<ul style="list-style-type: none">• If there is excessive daytime sleepiness,• If treatment is successful, and• If the individual is compliant with treatment. <p>3. Sleep study/ polysomnography (most recent test results). It must be an in-lab type 1 attended study.</p> <p>4. Any other testing performed or deemed necessary by the treating physician.</p>	